

HEADQUARTERS  
THEATER SERVICE FORCES  
EUROPEAN THEATER  
Office of the Theater Chief Surgeon  
MAIN APO 757

28 November 1945  
HCH/vmb/PS

ARMY  
MEDICAL

JUL - 2 1946

CIRCULAR LETTER #82

LIBRARY

Monthly Report of the Surgical Service.....Section I  
Monthly Report of the Medical and Neuropsychiatric Services.....Section II

SECTION I Monthly Report of the Surgical Service.

1. Each hospital will submit by the 7th of each month, a report of the surgical service, in triplicate; using forms similar to Appendix 1. The original of the report will be forwarded to the Office of the Theater Chief Surgeon, APO 757 (Attention of the Chief Consultant in Surgery); the duplicate will be sent to the Surgeon of the Base Section or Major command concerned; and the triplicate will be retained by the unit.

2. Information to facilitate the preparation of the Monthly Report is attached as appendix 2. A suggested operating room ledger which will supply data for the report is attached as appendix 3.

3. Each report will bear the control approval symbol TSFMD-8 printed in the upper right hand corner.

SECTION II Monthly reports of Medical and Neuropsychiatric Services.

1. Each hospital will submit by the 7th of each month, reports of the Medical and Neuropsychiatric Services, in triplicate, using forms similar to Appendix 4 and 5. The originals of the reports will be forwarded to the Office of the Theater Chief Surgeon, APO 757 (Attention Chief Consultant in Medicine); the duplicates will be sent to the Surgeon of the Base Section or Major Command concerned; and the triplicates will be retained by the unit.



2. Information to facilitate the preparation of the Monthly Report of the Medical Service is included in Appendix 4.

3. The monthly report of the Neuropsychiatric Section requires only the data specially requested in appendix 5, with any remarks the Chief of the Section may wish to make.

4. The monthly report of Medical Service will bear the control approval symbol TSFMD-6. The Neuropsychiatric report will bear the control approval symbol TSFMD-7. These symbols will appear in the upper right hand corner of the respective reports.

*Daniel J. Waligora*

DANIEL J. WALIGORA  
Colonel, Medical Corps.  
Executive Officer.

Incls: Outline for Surgical Report - Appendix 1  
Information on preparation of Surgical Report - Appendix 2  
Suggested operating room ledger - Appendix 3  
Outline for Report of Medical Service - Appendix 4  
Outline for Report of Neuropsychiatric Section - Appendix 5,



MONTHLY SURGICAL REPORT

Approval Symbol  
TSMR-8

Hospital Admissions \_\_\_\_\_ Hospital \_\_\_\_\_

Surgical Admissions \_\_\_\_\_ Date \_\_\_\_\_

Part I - STATISTICAL

A. VOLUME OF WORK

Section of Surgical Service.	Admissions (2*)		Out Patient Visits (3*)	Operations (4*)				Deaths
	Direct	Transfer		Major	Minor	Elective	Emergency	
General								
Orthopedic								
Ophthalmologic								
Otolaryngologic								
(Specialty (1*))								
.....								
.....								
.....								
.....								
Misc.Specialties								
TOTAL								



B. OPERATIONS CLASSIFIED (5\*)

General Surgery.

(Operation)	(Number)
-----	-----
(Operation)	
-----	-----
-----	-----
-----	-----
-----	-----
Misc. Minor Procedures	-----

Orthopedic Surgery

(etc)

C. DENTURES AND SERIOUS COMPLICATIONS (6\*)

Part II - REPORT ON PERSONNEL, STAFF ACTIVITY AND HOSPITAL PLANT.

- A. Medical Officers on the Surgical Service and their Assignments (7\*).
- B. Conferences and Meetings (8\*).
- C. Remarks (9\*)



Information to facilitate the preparation of the Monthly Report.

PART I - STATISTICAL

A. VOLUME OF WORK.

(1\*) Hospitals acting as a center for various surgical specialties, and those having a large service in one or more of the specialties, should report this separately under the blank spaces. All others may group the various specialties under "Miscellaneous".

(2\*) "DIRECT" admissions are patients admitted through channels other than from another hospital.

"Transfers" are patients admitted from other hospitals.

(3\*) "Visits" is the total of new patients and re-visits.

(4\*) Each operation will be "major" or "minor" and "elective" or "emergency". Any procedure requiring an anesthetic should be listed as an operation. Delivery and abortion (either therapeutic or the surgical completion of an incomplete) will be reported as such under "specialty". The classification of procedures into major or minor is usually clear. An arbitrary list is given below as standard for the theater. Procedures whose extent, delicacy or duration warrant it, may be listed as "major" at the discretion of the Chief of Service.

Elective operations may be considered as those whose performance may be indefinitely postponed without appreciable harm to the patient.



TYPICAL EXAMPLES OF CLASSES OF OPERATION.

MAJOR

Any laparotomy  
Herniorrhaphy  
Nerve Suture  
Excision pilonidal sinus  
Tendon suture  
Arthrotomy of any joint  
Hemorrhoidectomy  
Large Thiersch grafts  
Any open reduction  
Compound hand injury  
Mastoidectomy  
Craniotomy  
Burr holes in skull  
Scalenotomy  
Mastectomy  
Thyroidectomy  
Thoracotomy  
Enucleation of eyeball  
Perforating ocular wounds  
Retinal detachment  
Cataract  
Intra-ocular foreign bodies  
Tracheotomy.

MINOR

Vein ligation  
Small skin grafts  
Excision hydrocele  
Circumcision  
Tonsillectomy  
Submucous resection  
Incision and drainage of superficial abscesses.  
Closed reduction  
Pin traction  
Excision of ganglion  
Nasal polypectomy  
Myringotomy  
Debridements

EXAMPLES OF "ELECTIVE" OPERATIONS

Interval appendectomy  
Herniorrhaphy  
Vein ligation  
Hemorrhoidectomy  
Excision pilonidal sinus  
Secondary nerve or tendon suture  
Any reconstructive plastic procedure.

Any operation for non-malignant tumor.  
Thyroidectomy  
Intervertebral disc  
Tonsillectomy  
Submucous resection.

(5\*) Operation classified. All operative procedures should be reported under section divisions. The following subheads are suggested:



General Surgery

Orthopedic Surgery

Ophthalmological Surgery

Otolaryngologic Surgery

Miscellaneous surgical specialties

(or list each specialty separately  
for hospitals that are specialty centers).

Only major procedures should be listed. Minor procedures may be reported in total under "Minor Miscellaneous Procedures" in each surgical section.

- (6\*) Deaths and Serious Complications should be reported in detail. The following form is suggested:

Name	Rank	ASN
------	------	-----

Admitted (date)

Diagnosis

Operation (Procedure, anesthesia and date)

Died (or complication) (Date)

Post mortem findings

Clinical course.

- (7\*) List all officers on the surgical service giving name, rank, assignment and MOS.

- (8\*) List all conferences and rounds with topics discussed and speakers.

- (9\*) Problems and suggestions concerning the service, or the hospital plant, interesting cases, etc. should be included here.

Appendix 3.

The operating room ledger should contain the following information to facilitate preparation of the monthly report:

- 1) Operation number
- 2) Date of operation
- 3) Name of patient
- 4) Hospital ward
- 5) Diagnosis (post operative)
- 6) Operative procedure
- 7) Section of Service:

General

Orthopedic

Ophthalmologic

etc.

- 8) Classification:

Major or Minor

Elective or Emergency

- 9) Surgeon
- 10) Anesthesia
- 11) Anesthetist



MONTHLY REPORT OF MEDICAL SERVICE

Approval Symbol TSFMD-6

Hospital \_\_\_\_\_

Date \_\_\_\_\_

1. Case load:

Total hospital

Total Medical Service

Internal Medicine

Communicable Dis.

Venereal Dis.

Dermatology

Neuropsychiatry

Admissions		Discharges		
Direct	Transfer	Duty	Z.I.	Other

2. Staff:

- a. Roster of medical officers of medical service with their professional assignments and MOS.
- b. Note of any special activities of the staff as individuals or as a group, i.e. schools attended, papers read or written, meetings attended, etc.

3. Deaths:

- a. List of deaths with attached clinical summary and essential findings at necropsy.

4. Special Diseases:

- a. This should include notes on any individual cases of unusual interest and any unusual incidence of particular diseases.

5. Conferences and Meetings:

- a. List of professional conferences held with date, topics discussed, and names of those reading papers, as well as names of any invited discussors from outside the hospital staff.



6. General Statement:

- a. Comment on any occurrence of special interest.
- b. Needs of the service.
- c. Recommendations for improvement of existing deficiencies and measures being taken.



## MONTHLY REPORT OF NEUROPSYCHIATRIC SECTION

Control Symbol TSFMD-7

Hospital \_\_\_\_\_

Date \_\_\_\_\_

Number of Admissions		DISPOSITIONS	DUTY	TRANSFER	Z.I.
Direct		Nervous Disease			
By Transfer		Injury			
Dispositions		Epilepsy			
Average Daily Census		Psychoneuroses			
Hospital Consultations		Psychoses			
Out-patient Visits		Psychopathic Personality			
		Mental Deficiency			
		Other (Specify)			
		No Disease			
		TOTAL			

REMARKS:

Signature  
\_\_\_\_\_



